

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>SO</i>	<i>753/6</i>	<i>10/19/00</i>
O.I.P.E. CLASSIFIER	<i>LS</i>	<i>LS</i>	<i>10/21/00</i>
FORMALITY REVIEW	<i>S.B</i>	<i>JC 895</i>	<i>11-14-00</i>
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
" ..... Allowed      I ..... Interference  
- (Through numeral)... Canceled      A ..... Appeal  
+ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	3	2	11/19/00
2	4	3	11/19/00
3	5	4	11/19/00
4	6	5	11/19/00
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6	8	7	11/19/00
7	9	8	11/19/00
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48	50	49	11/19/00

Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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